

## **1.0 Description of the Procedure**

Panniculectomy is the removal of excessive skin, subcutaneous tissue and fat of the abdomen.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

### **2.2 Special Provisions**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

## **3.0 When the Procedure is Covered**

Panniculectomy is covered when a recipient is 19 years of age or older, **and**

- Has a BMI of 40 or above and, due to the pannus, has uncontrollable infections or medical complications, e.g., hernia, **or**
- Has had gastric bypass or gastric stapling with subsequent weight loss and the resulting pannus significantly interferes with mobility or is the site of uncontrollable inflammation and/or infection or otherwise complicates medical conditions, e.g., hernia.

Uncontrollable infections are those that are recurrent, severe intertrigo/cellulitis that require treatment with an oral antibiotic and are unresponsive to conservative treatment including adequate hygiene and topical anti-infective medications.

## **4.0 When the Procedure is Not Covered**

Panniculectomy is not covered when the medical necessity criteria listed in **Section 3.0** are not met or when performed for solely cosmetic purposes.

Difficulty in fitting clothes is not considered a criterion for panniculectomy.

## **5.0 Requirements for and Limitations on Coverage**

### **5.1 Prior Approval**

The following information must be submitted with the prior approval request:

- The recipient's diagnoses.
- The recipient's current weight and height.
- Preoperative photograph(s) are required, frontal and lateral views.
- History and physical including all previous surgeries including the recipient's weight loss history.
- Medical documentation of medical conditions and complications of infections outlining all treatments, including duration and responses.
- Documentation of limitations on mobility and daily activities due to the pannus or resulting complications.

### **5.2 Limitation to Service**

This service is limited to once per lifetime.

## **6.0 Providers Eligible to Bill for the Procedure**

Physicians enrolled in the N.C. Medicaid program who perform this procedure may bill for this procedure.

## **7.0 Additional Requirements**

There are no additional requirements.

## **8.0 Billing Guidelines**

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

### **8.1 Claim Type**

Physicians bill professional services on the CMS-1500 claim form.

### **8.2 Diagnosis Codes that Support Medical Necessity**

Providers must bill the ICD-9-CM diagnosis code to the highest level of specificity that supports medical necessity.

### **8.3 Procedure Codes**

The CPT code covered by the N.C. Medicaid program:

- 15831

The CPT procedure code listed above is subject to the multiple surgery guidelines.

#### 8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

### 9.0 Policy Implementation/Revision Information

Original Effective Date: May 1, 1988

#### Revision Information:

Date	Section Revised	Change
9/1/04	Section 3.0	Added age restriction
9/1/04	Section 3.0	Changed weight requirement to BMI of 40 or above from in excess of 100 pounds
9/1/04	Section 3.0	Changed requirement that recipient be “insulin dependent with a serious infection control problem <b>AND</b> the pannus must be causing prolapse of a ventral hernia” to recipient “has a BMI of 40 or above and, due to the pannus, has uncontrollable infections or medical complications, e.g., hernia” <b>OR</b> “has had gastric bypass or gastric stapling with subsequent weight loss and the resulting pannus significantly interferes with mobility or is the site of uncontrollable inflammation and/or infection or otherwise complicates medical conditions, e.g., hernia.”
9/1/04	Section 3.0	Defined uncontrollable infections
9/1/04	Section 4.0	Added “Difficulty in fitting clothes is not considered a criterion for Panniculectomy.”
9/1/04	Section 5.1	Delineated specifications for documentation
9/1/04	Section 5.2	Added once per lifetime limitation.
9/1/05	Section 2.0	A special provision related to EPSDT was added.
12/1/05	Section 2.2	The web address for DMA’s EDPST policy instructions was added to this section.